District of Columbia Health Information Exchange Policy Board
Meeting Minutes

December 19, 2012
2:00 p.m. – 4:00 p.m.

Members present (16): Barbara Bazron, Ph.D., David Bishop, Jamal Chappelle, Angela Diop, N.D., Victor Freeman, M.D., Bernie Galla, R.N., Douglas M. Garland, Jr., MS, PharmD, Julius W. Hobson, Jr., Brian R. Jacobs, M.D., Brenda King, R.N., Barry Lewis, M.D., Wayne McOwen, Ariana Quinones, Raymond Tu, M.D., Robert B. Vowels, M.D., and Cleveland Woodson.

Members absent (5): Marina Havan, Robin C. Newton, M.D., Machelle Yingling Schraeder, Arturo Weldon, and the DCPCA seat which is currently vacant *(to be filled in 1st quarter of 2013)*

DC-HIE Staff present (3): Alessandra Klug, Esq., Michael Tietjen, and Carmelita White

Guests present – District Government (5): Tina Curtis, Esq. (DHCF), Walter Faggett, MD (DYRS), Sonia Nagda (EOM/DMHHS), LaRah Payne, Sc.D. (DHCF), and Tony Pillai (OCTO).

Guests present – Public (10): Bradford Chang (Orion Health), Walter Faggett, M.D., Kirk Hendler (Orion Health), Dr. Chris Hobson, M.D. (Orion Health), Joyce Hunter (Vulcan Enterprises, LLP), Donna Ramos-Johnson (DCPCA), B.G. Jones (Orion Health), Kent Montgomery (Orion Health), Paul Shapin (MedStar), and Alan Watson (HIT Consultant)

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Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:12 pm. Carmelita White (Staff Assistant) recorded the minutes. A quorum of board members were present, and the meeting, having been duly convened, was ready to proceed with business.
Approval of Minutes	Mr. Woodson presented to the Board the minutes of the November 14, 2012, meeting of the Board, and the minutes of the November 27, 2012, special call meeting for approval, whereupon a motion was duly made, seconded and unanimously adopted. The minutes were approved as presented. A copy of the minutes will be made available on the DC HIE webpage.
DC HIE Next Phase: An Overview of Orion Health Solutions	Mr. Woodson introduced Mr. B.G. Jones, VP Alliances & Federal Government for Orion Health gave a demonstration of the HIE Stack, a product that Orion Health has to offer HIEs that will allow for expanded functionality beyond Direct. Mr. Kirk Hendler, Federal Government Sales Director for Orion Health introduced the following Orion Health staff; Mr. Bradford Chang (Solutions Architect), Jerry

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	Rankin (Solutions Architect), Kent Montgomery (Account Manager), Dr. Chris Hobson (Chief Medical Officer), and Jeri Kirschner (Government Liaison/Marketing). Mr. Hendler gave an overview on the history of Orion Health.

B.G. Jones discussed products and services. He stated that in discussing the applications themselves, the whole point of discussing their global footprints, as well as the footprints that they have in the U.S. is to make the District aware that the product can scale big, but most importantly that it meets the District's immediate needs. The District does not have the same geography footprints of some of the larger sites, but Orion will dedicate the same amount of attention, responsibility and product management capability as even their biggest customer as well.

The Solution Stack. Mr. Jones stated that when talking about an HIE, it is the expansion of what the District currently has implemented to date, the Direct component. Orion's health information exchange includes a Clinical Web Portal that will allow you to view a variety of data types across multiple visits in one single view. It also includes all components that include clinical messaging and Direct Secure Messaging. The DC HIE's first step is to be able to implement Direct. The second step is more clinical robust health information exchange. The next step is case management EMR lite. This is a journey that will take 3-4 years to be able to fully implement. Mr. Jones stated that Orion Health has the solution and the technology to be able to move the District forward.

EMRs: Mr. Jones stated that the next thing that the District can be forward thinking about is how to place an EMR on the desktop of the physicians who don't have anything. The RECs have done a great job of going out and trying to get as many physicians signed up on eClinical Works or AllScripts, etc. There may be a number of physician offices who don't have it because they can't afford it, and they do not have IT staff. How will they be able to utilize the applications? The first thing is to give them access to the HIE so that even though they are not contributing data, if a patient presents to them, they can be able to see where that patient has been before. The next step is to give them access to an EMR Lite application. It's not a full blown EMR; it does not have billing in the background. However, it will allow them to do things like orders, e-prescribing, etc. The cost is affordable at about $600 per year for a single provider. All they will need is a computer running Internet Explorer 7 or above. This product actually meets meaningful use stage 1. This application also supports the full range of the Apple products. This product comes with technical assistance full 24/7 support, Tier 1 support by customers, and resources on site. |

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	Mr. Jones stated that Orion Health would like to adopt the DC HIE as their star customer. Orion will be able to work closely with the DC HIE to roll out these various types products. They would like to help the District with the requirements of ONC. This is not a separate charge from Orion. Dr. Chris Hobson discussed the implementation from a physician/case study perspective. He discussed the non-integration of healthcare information; gave examples of a typical day in hospital rounds, clinics, and evening on-calls, and; provided a list of clinician requested features. During Dr. Hobson's presentation, Dr. Barbara Bazron stated that she did not know what he meant by Break The Glass. Dr. Hobson explained. Dr. Walter Faggett asked if Orion Health had any data on the costs of those patients as well as the clinical outcomes. Dr. Hobson and Mr. Jones stated that they would provide that information to Mr. Woodson to be distributed to the Board. Bradford Chang presented examples of work flows for a primary care physician. Mr. Chang discussed privacy and consent policies. He stated that Orion will be able to set that up based on the DC HIE requirements. In terms of managing access, compliance with break the glass, quality of data, and performance of the DC HIE will require a central point of contact, a governance board to set what the policies and procedures will be set forth, and a security resource. Orion will provide resources to assist with setting policies and procedures. Mr. Woodson reported that the DC HIE has interviewed three (3) candidates to fill the technical project manager positions last week. He expects to hire technical help to assist with the more advanced stages of the DC HIE very soon. Mr. Chang addressed a question regarding the radiology system that requires specialty software. He stated that whenever they have a data type that comes into their application, they assign what type of viewer that needs to be used to view it. If it is an image that can use a standard *dicom* image viewer, they will do that. If that data type requires something specific, then Orion can launch that specific application if it is licensed for that user to be done. If not, they will launch a message that states that special software is required to be able to view this image… please contact your system administrator. Orion Health cannot launch software that is not licensed to the user. The system is smart enough to know what data should be associated with it. Mr. Chang also displayed the timelines tools, snapshot summaries, alerts, notifications, and messaging. Mr. Jones stated that the DC HIE has to decide where they want to host the applications. With Orion

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	Health, the network is implemented in a full *SAAS* 70 data center (military grade). They have never had a data breach. The data center is located in Northern New Jersey. They also have a disaster recovery site in Santa Clara, California.
	Dr. Freeman inquired about what is the largest size a message can be for Direct Secure Messaging. Mr. Jones stated that the limit is 2mg. It can be higher, but it is not recommended.
	Mr. Jones has agreed to send a copy of the presentation to Mr. Woodson to be distributed to the Board, as well as information regarding mobile access and encryption.
	There was also a discussion regarding what applications are needed for the Department of Health (DOH) in collaboration with the Department of Health Care Finance.
	Tina Curtis requested more information in the form of a demo on privacy and security. Orion Health has agreed to provide this information.
Direct Subscription & Marketing Update	Michael Tietjen, gave a presentation on the Direct Marketing Campaign. Mr. Tietjen stated that Orion Health's marketing subcontractor helped to develop DC HIE Direct Secure Messaging branded materials. They have provided for the DC HIE card stock flyers for distribution, a post card that has been mailed out to approximately 4,000 Medicaid providers, and DC HIE business cards and other materials. The flyer and post card is available on the DC HIE Webpage.

Mr. Tietjen also presented details on the traffic on the two (2) key pages on the website *(the Main DC HIE landing page & the Subscribe to Direct page)* as a result of the DC HIE Direct Marketing Campaign. The campaigns started at the beginning of November through December 14th. There were definite spikes in activity that correspond to the email and fax campaigns. The first couple of mailings were a smaller list from Medicare just under 1,000 names. Starting with the November 20th email, we were able to access the DOH physician licensing database, which has a total of about 10,000 names on the list. There was much more traffic off of those mailings.

Mr. Tietjen stated that he looked for an open rate and a click through rate after each mailing. He pulled from 24 hour and 7 day stats after each mailing. The DC HIE open rates ranged from 22-28%, which is about average for health and wellness-related marketing campaigns. The click through rate was at about 2%, which is also about average. There was also a Direct Secure Messaging Webinar. Dr. Raymond Tu |

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	volunteered to assist with the Webinar which was held on December 7th. One Hundred people registered, and about 42 people participated. There was a survey following the Webinar, and 22 people responded. Respondents overwhelmingly felt that the webinar was helpful and many indicated that they would register for a Direct address. The webinar is available on the DC HIE Webpage. As a result of these efforts, the DC HIE is starting to form a network of users. These are individuals who have begun the process through completing the applications. Currently there are a total of one hundred applicants, including fifty two (52) government users who trade PHI.
New Business; Reports	Mr. Woodson reported that the DC HIE Program Management Office attended the U.S. Department of Health and Human Services, Office of the National Coordinator (ONC) Annual Meeting held at the Marriott Wardman Park on Dec. 11-13, 2012. HIE's throughout the country participated. It was a great opportunity for the DC HIE to learn from others and for them to learn from us. We were congratulated on our launch of Direct. The DC HIE received recognition by our regional staff at ONC. We met with the President and CEO of Maryland's CRISP to talk about possibly exchanging data for the emergency notification service (ENS). Currently, we are in the preliminary stages of discussing some level of collaboration. All the acute care hospitals in Maryland are registered with CRISP and the admission, discharge & transfer (ADT) systems of these hospitals send a Direct message to CRISP when a patient presents at one of the hospitals. CRISP uses Direct to notify the primary care physicians of these patients using a master patient index (MPI). Maryland and the District hospitals share many patients, but when a patient presents at a District hospital no such notification is provided. DCPCA's RHIO used to provide this service to the District's acute care hospitals. Dr. Bazron was kind enough to broker a meeting on December 17th with Dr. Ronique Shields-Harris, the board chair of the DC Primary Care Association. The purpose of the meeting was to impress upon Dr. Harris the importance of replacing Sharon Baskerville's position with someone who is interested and committed to health information exchange, as well as to give her an update on what we are doing with the DC HIE. Also, DC HIE was interested to see where the DCPCA is in their search for a permanent CEO. They have an interim CEO on staff. In January, Dr. Shields-Harris stated that they will begin the search for a permanent CEO. She has also invited the DC HIE to present to their Counsel of Clinics, which will be a perfect opportunity to market the DC HIE and Direct service in the first quarter of 2013.

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	Dr. Shields-Harris stated that she would identify a replacement on the Board by Friday, December 21st. Ariana Quinones reported that she will be stepping down from the Board to be replaced by Dr. Sonia Nagda who has just come on board with the Office of the Deputy Mayor for Health and Human Services as the Special Assistant for Health Policy. She has submitted her application to the Mayor's Office of Boards and Commissions. Mr. Woodson stated that he would make access to webinars available for future meetings.
Next Board Meeting	Wednesday, January 16, 2012 from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 4:07 p.m.

Approval of Minutes: _____   _____

Cleveland Woodson, Chair, DC HIE Policy Board   Date